

CALIFORNIA MEDICAL JOURNAL

A Monthly Devoted to the Advancement of
MEDICINE, SURGERY AND THE COLLATERAL SCIENCES

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D. MACLEAN, M. D.

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TABLE OF CONTENTS ON FIRST PAGE INSIDE OF COVER

Vol. XV

JANUARY, 1894.

No. 1.



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CONTENTS.

ORIGINAL COMMUNICATIONS.

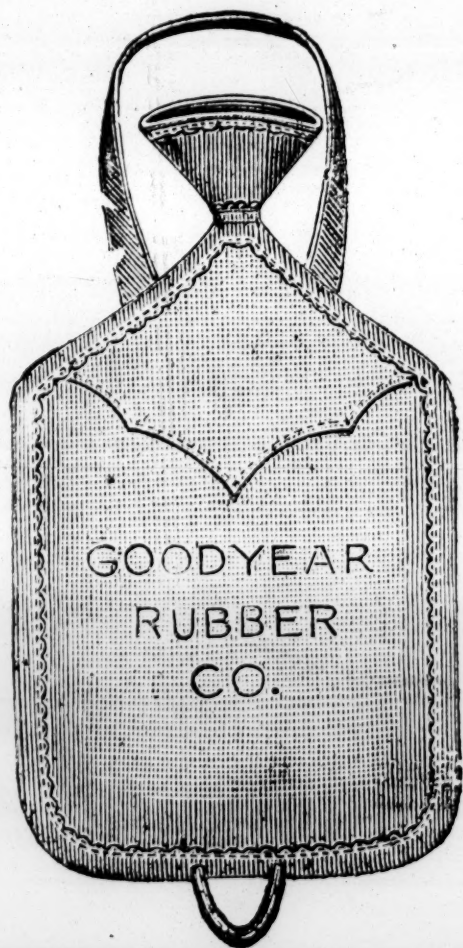
Disease as a Cause of Poverty	1
Annual Meeting of the State Eclectic Medical Society	5
Opening Address	10
Gas Asphyxiation, Its Pathology and Treatment	15
Ocular Therapeutics	22
How to Avoid Post Partum Hemorrhage	30
Letter to the Society	32
Inflammation of the knee Joint	33
Burns and Scalds	38
Chronic Catarrh of the Middle Ear	43

MISCELLANEOUS.

Theory and Practice	49
What is a Protein?	53
A Local Anaesthetic	55
Normal Nutriment	55
Eclectic Mutual Aid Association	56
Care of Specific Medicines	57
Bureau of Information	58

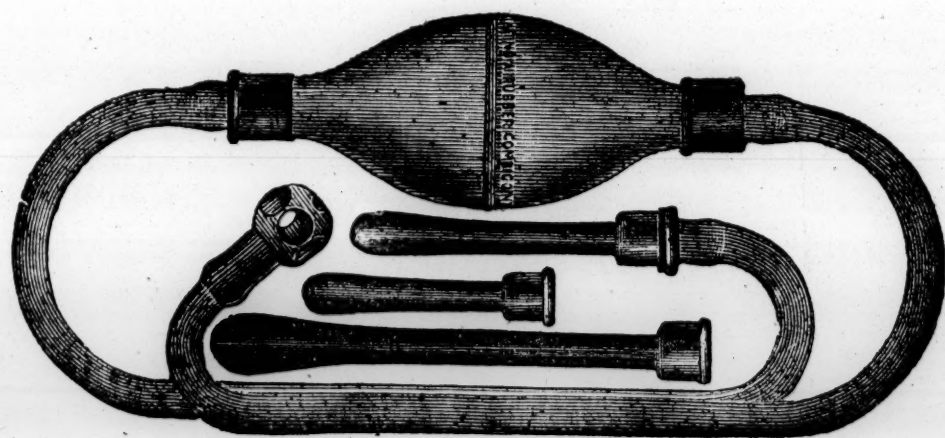
EDITORIAL.

Our Journal	51
Retrospective	60
Book Notes	62-3-4



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How to Avoid Post Partum Hemorrhage	30
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Burns and Scalds	38
Chronic Catarrh of the Middle Ear	43

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Normal Nutriment	55
Eclectic Mutual Aid Association	56
Care of Specific Medicines	57
Bureau of Information	58

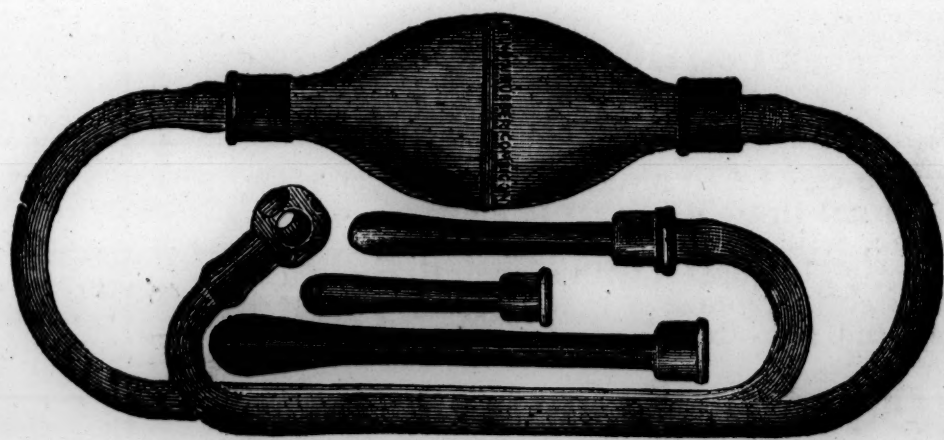
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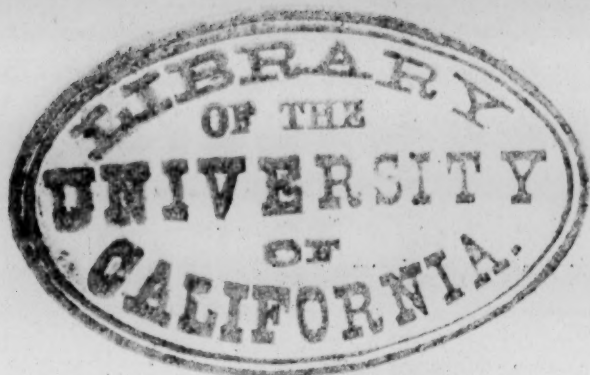
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THE
❖ CALIFORNIA * MEDICAL * JOURNAL. ❖

VOL. XV. } SAN FRANCISCO, CAL., JAN., 1894. { NO. 1.

Original Communications.

Disease as a Cause of Poverty.

Notes of an address delivered by A. G. Warner, Ph. D., Professor of Economics at the Leland Stanford Jr. University, at the Commencement Exercises of the California Medical College, San Francisco, Nov. 22, 1893.

Quacks in Social Science, like those engaged in medical practice are apt to attribute all disease to a single cause. They trace the origin of disease to some particular part of the body physical or the body politic, and then hold up a twenty-five cent bottle of something warranted to regulate that particular organ, and there you are! It is therefore necessary for me to premise that I do not undertake to prove that all poverty originates in disease. But if we turn from the philosophical studies of those who trace all poverty to a single cause, as, for instance, to over-population, or private property in land, or capitalistic methods of production, and undertake to find by a study of concrete cases what are the causes of poverty, we shall be compelled to conclude that disease is the exciting or predisposing cause in a large number of cases.

The Charity Organization Societies of the country have adopted a system of case counting by which they have sought to ascertain the immediate causes of poverty in several thousands of cases. Tabulating the results reached by the Societies in some of the leading cities in the United States, and comparing them with similar investigations made by Mr. Chas.

Booth in London, and by certain German statisticians on the continent of Europe, our first conclusion is that the results are to quite a degree inconclusive. It is not easy to tell in a given case what the chief cause of poverty is. For instance, we put down accident as one cause, and drink as another. A man while tipsy breaks his leg; shall we say that the poverty it causes results from accident or from drink? Laziness is one cause and lack of employment is another, but in a given case, it may be difficult to tell whether or not lack of employment comes from laziness. The influence of the personal equation is very large; a rabid prohibitionist would not get the same results from analyzing a given number of cases as would a person who believed in the propriety and beneficence of moderate drinking; thus, we find that in the percentage of causes attributed to drink, there is a variation from about 5 per cent to 24 per cent. But if we survey the table as a whole, with its classification of some 16 different causes, and an analysis of more than 10,000 cases, we find that the most constant factor, everywhere and according to all observers, is sickness. The percentages in this column vary only from 19 per cent to 30.5 per cent,—that is, there is substantial agreement in the different places, and on the part of the different observers, that the exciting cause of poverty in from about one-fifth to nearly one-third of the cases is sickness. This, however, does not exhibit the situation completely, for sickness is flanked on one side by mental disease, incapacity and old age, and on the other by drink, crime and laziness, and each of these six causes may frequently be the result of some predisposing sickness or physical weakness. Some of the most careful observers, for instance, think that laziness, in a great many cases, depends upon what they call "under-vitalization." When feeling particularly lazy I have sometimes tried to derive comfort from this view of the matter.

As we now find that disease is the cause of poverty in a large number of cases, we have next to inquire for the cause

of the cause, that is, the source of disease itself. This is frequently to be found in the influence of occupation upon the health of the individual. Following some German statistics, it is estimated that in the city of Buda-Pesth, if we start with 1,000 persons at the age of twenty-five in each of the following five occupations, there will remain alive at the age of sixty, of merchants, 567; of tailors, 420; of shoemakers, 376; of servants, 260; and of day laborers, 253. It is usual to estimate two years of sickness for every death in a given population, and using this rule, we find that merchants would on the average have thirty-two years of health in which to provide for one of sickness; tailors, 21; shoemakers, 18; servants, 15, and day laborers, 13. This shows how heavily the burden of ill-health, as measured by mortality rates, bears upon those classes that are lowest in the industrial scale, but it does not give a complete view of the matter. Where the death rate is high, the birth rate is usually also high, and the number of persons of the non-producing age is relatively large.

Taking certain statistics from the report of the Registrar-General of England, we find that when 1,000 males out of the general population die, there would, according to English experience, die among an equal number of clergymen only 556; of farmers, 631; of butchers, 1,170; of glassworkers, 1,190; of brewers, 1,361; of innkeepers (publicans), 1,521; of file-makers, 1,667; of general laborers, 2,020, and of servants at inns, or bar-tenders, 2,205. If, in a similar way we were to marshal the statistics regarding the influence of density of population upon longevity, or regarding the influence of bad sanitation upon health, we should find that a very large number of persons are crowded across the pauper line by diseases resulting from unfavorable environment.

If we visit the wards of the San Francisco alms-house, or of almost any other institution of a similar character, we shall find that a very large number of the inmates are completely broken down in health, from diseases which have resulted either

from such causes as those I have already mentioned, or from their own unwisdom and viciousness. The two great causes then back of disease are *environment* and *character*, and anything that tends to make the community more healthful and more moral, thereby tends to diminish the diseases which are the causes of poverty.

Now, as a rule, physicians have been too busy tinkering the individual anatomies of those who have applied to them for relief, to give their attention to the promotion of the public health. Just as in the department of law, the shelves of the library groan under works upon Corporation Law which are all written for the one purpose of enabling busy attorneys to win their cases. They are filled with a statement of what the law is, and have nothing to say as to what the law ought to be. So your medical treatises are filled with directions as to what you are to do for a man who is sick, but shed comparatively little light upon how, in the community as a whole, sickness may be minimized. Even when physicians do give advice as to methods of preventing sickness they sometimes have to complain that it is not heeded. In my own department of Political Economy the same complaint has to be made, but I have concluded that frequently the advice of the economist has not been taken because it was not worth taking; and I suggest that when physicians come to give advice on a matter like that of the English Contagious Diseases Act, and their suggestions are ignored, it may be because they have not sufficiently studied social science to be trust-worthy authority.

In urging that physicians ought to give more time and thought to the promotion of public health, I am making a plea which cannot be reinforced by an appeal to self-interest. But in speaking to a graduating class whose motto is "That we may do good," I confidently believe that the appeal to self-interest is not essential, in order that you may be completely loyal to "the high calling wherewith you are called."

Annual Meeting of the State Eclectic Medical Society of California, Held at 1422 Folsom St., San Francisco.

OFFICERS FOR 1892-3.

A. B. MEHRMANN, Oakland,.....*President.*
 C. N. MILLER, San Francisco,.....*First Vice-President.*
 B. STETSON, Oakland,.....*Second Vice-President.*
 J. C. FARMER, San Francisco,.....*Recording Secretary.*
 W. O. WILCOX, San Francisco,.....*Corresponding Secretary.*
 C. J. SHARP, Oakland,.....*Treasurer.*
 J. G. TOMKINS, San Francisco,
 M. E. VAN METER, San Francisco, {*Censors,*
 J. C. STOUT, San Jose,

WEDNESDAY, NOVEMBER 22, 1893—MORNING SESSION.

Meeting called to order by President H. B. Mehrmann, at 10 o'clock A. M.

After roll call of officers and members the minutes of the last annual meeting were read and corrected; the correction being "That the annual meeting shall occur on the fourth Wednesday and Thursday in November of each year"—instead of the third Wednesday and Thursday—adopted as corrected.

Drs. C. E. Hailstone and J. T. Farrar were appointed censors for the session in place of Drs. Van Meter and Stout who were absent.

The resignation of Dr. Jno. C. Schlarbaum, who was about to leave the state for a time was read and accepted.

The report of the Secretary of the "Bureau of Information of Locations" was accepted and ordered placed on file.

The report of the Secretary of the Board of Examiners was read and accepted. Nineteen licenses had been issued to physicians since the last annual report.

Election of officers was postponed until 2 P. M. on the day following.

Opening under papers, Dr. G. G. Gere addressed the members on the subject of "Lupus," dwelling more especially on the treatment of the affection.

Dr. J. Stark read a paper on "Water and Some of its Uses" which was discussed at length by Drs. J. G. Tompkins, G. G. Gere, M. E. Van Meter, H. W. Hunsaker and M. B. Mallory.

On motion, the meeting adjourned until one o'clock P.M. of the same day.

AFTERNOON SESSION.

The second session was called to order by the President at one o'clock P. M.

After roll call of officers and members the minutes of the first session were read and accepted.

The censors appointed to act on applications for the session were Drs. C. H. Hervey, H. T. Webster and J. Stark.

Dr. H. T. Webster read a paper on "The Resemblance of Human Life to Plant Life."

A clinic presenting himself was examined by Drs. Gere and Church who diagnosed the case as rheumatic neuralgia. The patient under treatment in the East, had been subjected to the operation of nerve stretching, receiving temporary benefit, was finally advised to change to the climate of California. Dr. H. T. Webster deprecated the practice of sending indiscriminate cases to California without particularizing what portion of the State to go to. He said climatology was a much neglected study. For this case the Doctor advised thorough massage and change to a dryer climate.

Dr. D. Maclean addressed the Society on the subject of "Rectal aspiration in Paratyphilitis," calling forth remarks on the subject from Drs. J. W. Hamilton, H. T. Webster, W. B. Church, M. E. Van Meter, Geo. G. Gere and John Fearn.

A paper on "Medical Legislation, State and National" was read by Dr. John Fearn and commented upon by Drs. Maclean, Hamilton and Stetson.

Dr. M. E. Van Meter read an able paper on "Asphyxiation with illuminating gas."

It was moved and seconded that any member of the Society

in arrears for dues for more than three years be reinstated to full privileges of membership, by the payment of six dollars—Carried.

Adjourned.

SECOND DAY—THURSDAY, NOVEMBER 23.

MORNING SESSION.

The Society was called to order at 10 o'clock with President Mehrmann in the chair.

Censors appointed for the session in place of the regular ones who were absent were Drs. E. H. Mattner, Pierce and Yancy.

The following resolution was presented by Dr. D. Maclean: "Resolved that in future the annual meetings of the State Society occur on the 3rd. Wednesday and Thursday of November of each year." Upon motion, this resolution was carried.

It was moved that a committee of three be appointed by the chair to confer with the Presidents or Secretaries of the Medical Societies of Oregon, Washington, Utah, Arizona, Montana, Idaho and New Mexico on the subject of forming a "Pacific Coast Medical Association."—Carried.

Dr. M. V. Yancy read a paper on "Malarial Fever and its treatment," which elicited considerable comment pro and con.

Dr. M. B. Mallory's paper on "Oligarchy of Medical Fossils," was stirring and scathing.

A clinic was presented by Dr. Van Meter. It was a case of paralysis due to affection of the anterior columns of the spinal cord.

AFTERNOON SESSION.

The fourth session was called to order by the President and the minutes of the last meeting were read and approved.

The report of the Secretary was read and accepted.

Drs. W. B. Church and B. Stetson presented the following resolution: "Resolved; That it is the sense of this Society

that any physician of this State should forfeit his license for committing the crime of abortion." The resolution was adopted by the Society.

Election of officers being in order the result of the balloting was as follows:

PRESIDENT.....	H. B. MEHRMANN (re-elected.)				
FIRST VICE-PRESIDENT...	C. E. HAILSTONE.				
SECOND VICE-PRESIDENT.	C. N. MILLER.				
RECORDING SECRETARY...	J. C. FARMER re-elected.				
COR. SECRETARY.....	A. E. SCOTT.				
TREASURER.....	H. W. HUNSAKER.				
CENSORS.....	<table border="0"> <tr> <td rowspan="3">}</td> <td>J. G. TOMPKINS.</td> </tr> <tr> <td>E. J. TUCKER.</td> </tr> <tr> <td>B. STETSON.</td> </tr> </table>	}	J. G. TOMPKINS.	E. J. TUCKER.	B. STETSON.
}	J. G. TOMPKINS.				
	E. J. TUCKER.				
	B. STETSON.				

Board of Examiners: D. Maclean, Geo. G. Gere, F. Cornwall, M. H. Logan, A. E. Scott, C. N. Miller and W. B. Church. Alternates: W. O. Wilcox, W. Tanner and H. Vandre.

"Some Therapeutic Hints by the Wayside" was the title of an interesting paper read by Dr. H. Vandre.

Dr. W. B. Church read a carefully prepared paper on "Inflammation of the Knee Joint."

Dr. C. J. Sharp's paper was on "Alstonia Constricta in Typhoid Fever."

Dr. M. H. Logan read a complete paper on "Spinal Concussion."

Dr. F. Cornwall's paper on "Ocular Therapeutics" was read by title on account of the scarcity of time.

A clinic was presented by Dr. H. W. Hunsaker. The patient had been markedly benefited by Dr. Hunsaker's treatment for the cocaine habit.

"Chronic Catarrh of the Middle Ear" was the subject of H. W. Hunsaker's paper.

The committee on Legislation reported progress:

Dr. D. Maclean, for the absent Journal Committee, moved that the interest of the State Society in the CALIFORNIA MEDICAL JOURNAL be turned over to the California Medical College. Carried.

Resolved—that the president appoint a committee of three to revise the By-Laws and Code of Ethics, such revision to be acted upon at the next meeting of the Society. Signed, C. E. Hailstone. Adopted.

It was moved that when the Society adjourned, it should be to meet on the 2nd Tuesday in June, 1894. Carried.

A case was reported by E. H. Mattner of cerebral abscess. The pathological specimen was exhibited.


It was moved that the formal installation of officers be passed. Carried.

Those elected to membership during the meeting were:

SHERMAN T. WHITE.....	Anderson.
CARL S. SCHULTZ.....	Butte, Mont..
JUDSON LIFTCHILD.....	San Francisco.
J. M. BOND.....	San Francisco.
GEORGE GUNN.....	San Francisco.
ALFRED EICHLER.....	San Francisco.
HJALMAR KYLBERG.....	Oakland.
J. B. BAKER.....	Soquel.
VICTORY A. DERRICK.....	Oakland.
JOHN C. PICKERING.....	Brownsville.
B. H. FOREMAN.....	Stockton.
J. M. CAIN.....	Monroe, Oregon.
J. R. FEARN.....	Oakland.
LUELLA STONE.....	Oakland.
E. J. TUCKER.....	Nipoma.

Adjourned to meet the 2nd Tuesday in June, 1894.

J. C. FARMER, Sec'y.

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Opening Address of President, H. B. Mehrmann,
Oakland, Cal.

Fellow-members of the State Eclectic Medical Society of California, and Ladies and Gentlemen:—

It is with a feeling of mingled satisfaction and pride that I assume the duties of my office. I had the honor at our last meeting of being elected to serve you in the capacity of President for the ensuing year, and hope that I can say at its close that I have earnestly endeavored to serve the Society to the best of my ability; whether or not I am possessor of the ability necessary to discharge my duties in a manner beneficial to yourselves as a body of educated physicians, yet remains for you to say.

The idea entertained by many—that to be presiding officer of a society is but to be the wielder of the gavel at the sessions of the same—is a decidedly erroneous one. This is a delusion that the officer himself is soon compelled to part company with. Even though such were his only duties, he would still have his hands full. The decisions of the chair are not always in full accord with the views of all members present—there are always two sides to a question and it is the difficult task of the chair to pronounce judgement in accordance with his understanding of the subject, he to be governed of course, by a fair knowledge, of parliamentary laws. If the rulings of the chair during the coming two days' sessions are wrong in any particular, I can but say that it will be a fault of the head, not of the heart. If any ruling delivered in accordance with the laws and usages of this Society should displease one or more fellows—then I can but say that I am sorry for those fellows—they should be on the right side of the house with the laugh on the other side.

One soon discovers also that the duties of the office entail much wielding of the pen. In order to assure one of the feeling of having performed his duty in a manner becoming

the executive officer, he must write until pen paralysis is threatened.

The duties of the President being thus plainly set down, the obligations of the members should be equally as well understood. It appears to me that every member of the Society should not only consider it his personal obligation, when called upon to assist in promotion of the welfare of the same, but that he should consider a call of the chair so imperative, that it should in justice to his fellowship, be complied with. Many have answered the call of your President as is shown by the number of good essays upon our program—to which you are to listen during the session.

In point of attendance I may also state that the calls have been productive of great good, since we observe many present whose physiognomies are frequently conspicuous by their absence, yet I can say truthfully that there ought to be a much larger attendance. There is not a member of the Society, or a practitioner who is eligible to become one, but who has not been notified in plenty of time to prepare for his attendance at this session. That there are many absent the officers are not to blame since all possible steps were taken to attract them. That there is always a percentage unavoidably detained is true; but the rule is, that a goodly number availing themselves of excuses are able but unwilling to appear. There is not a licentiate of our Board now practicing in the confines of the State of California, who has not been the recipient of one or more pressing invitations to attend, unless it has been because of the miscarriage of the mails, or that his whereabouts were unknown to us.

There is not a graduate from our institution or a licentiate of our Board of Examiners who does not owe allegiance to this Society. Any physician granted a licence to practice in this State, particularly a graduate of our home college, who deems it an imposition to aid the interests of our school of medicine in every possible manner at his disposal, can not certainly to say the least, be considered a friend or even a

fair-minded individual. Men cannot serve two masters at the same time and yet serve them well. To perform his just obligations to one, will sufficiently occupy any individual's time. If we are going to be Eclectics let us be so with a true heart, a willing hand and in fact in every sense of the word. If we cannot do this, our signs ought to be taken down. It is neither fraternal nor honest for men to procure their diplomas and licenses, then go off to a field of practice never to return, and leave a few to fight the battles for the success of the cause, which when once obtained will advance their interest as well as those who labor for it.

Right here let me say that I sincerely commend the Faculty of the California Medical College upon their zeal to earnestly impress the minds of their students with the importance of our State Society.

As we look around us we find the bulk of our members are comprised of the men and women the Faculty of the California Medical College have sent forth to battle with the ills of life to which human flesh is heir. It is true that many licentiates locate in districts far distant from the city, and may naturally find it a little difficult to attend, both owing to the time it requires to go to and from their homes to the city where the Society convenes, and because of the money it costs to make the trip. This however is no reason why they should not be members and add the weight of their dues to the treasury. It must also be remembered that those who are close at hand are in time of action called upon to such an extent, both for time, labor and finance, that they assist the cause much more proportionately than those who reside in the country.

Those at a distance who find it so difficult should also bear in mind that the few days or a week of time, together with the few dollars it costs, are more than replaced by the benefit they receive; physically, by the temporary rest from routine practice; mentally, in the relief to the brain of the busy practitioner that can only be granted by social intercourse with

his fellow physicians and the interchange of discoveries made in practice and the conclusions to be deduced therefrom.

Let a man, no matter how bright or well-educated, confine himself exclusively to his own practice, commune simply with his own conscience and his mute authors; and he will in the course of time be sorely afflicted with hypertrophy of the tongue, accompanied by atrophy of the brain.

I expect to see the day when every graduate of our Cal. Med. College and every licentiate of our Board of Examiners will place his name upon the roll of this Society.

It is an old and true maxim that "in union there is strength." It does not imply that a mere similiarity or union of thought will impart that desired strength or power enabling Eclecticism to assume that proud and exalted station it rightly deserves. To acquire this point much hard and honest labor must still be performed, and the supporters of our cause must (none other will) furnish the ammunition, and hands to man the guns. Those bitterly opposed to our school have contented themselves in the past by occasionally treating us to a cold water douche, so to speak, to somewhat dampen our zeal. At the present time, however, they are cognizant of the fact that we are becoming more formidable and have fortified our position against all attacks of the enemy behind a powerful brestwork of a universally favorable public opinion. Now, therefore, the great generals of the greedy horde that would only too willingly exterminate all competitors are rounding up their fighting forces to do us battle to the finish, and if we are taken unawares, the blame must be placed at our doors—not at theirs.

It is useless to attempt to disguise the fact that medical legislation will be sought at every opportunity. That the laws which the opposition are endeavoring to secure will be detrimental to our best interests, is another indisputable truth. Unless we combine to defeat their efforts, the time is not

far in the future when we shall be beyond the power to make a struggle. Bound hand and foot, we will find ourselves worshipping at the shrine of a medical King Stork, praying for forgiveness for having so far forgotten our lowly stations in this life and for having pretended to think without his dictation. The spirit of Americanism will not permit the noble body of men laboring so faithfully in our ranks to be legislated out of practice.

Another bond to strengthen our cause is a Pacific Coast Association. Selfishness is the smallest component part of a true Eclectic physician's make up; and though we number many more in the state of California than are to be found in the other states and territories of the Pacific Coast, we are ready to offer our assistance and encouragement to them all by entering into such an alliance. Again, the offspring of our college will in the course of time become so numerous that they will desire to go beyond the confines of this state and rather than undergo the rigors and severe changes in the weather on the other side of the Rocky mountains, will prefer to remain in the more temperate clime of the Pacific Coast. It is for their benefit as well, that this association should be entered into. It was with great forethought that our venerable sage, Dr. D. Maclean, suggested that this step be taken; and in justice to the doctor it must be said, that were all Eclectics as solicitous of our welfare as he—all obstacles impeding our progress would be overcome readily and with little hesitation. The formation of a Pacific Coast Eclectic Medical Association is *one* of the utmost importance for the furtherance of our common cause, and for its consummation let some move be *speedily* made.

I am in hopes that the proposition to publish a volume of transactions will meet with success. Our society is now assuming such magnitude that the medical world rightfully expects to see some of our work. Papers will be read here that no organization would be ashamed to see in print. If published they would not only be entertain-

ing but eminently instructive to our physicians and hence ought to be compiled into one book for ready reference.

In conclusion I would once more respectfully remind you of our duty to our cause. Do not boisterously proclaim the superiority of our position over all others; but quietly and forcibly impress the fact that we are entitled to a just recognition and an equal representation under the laws of the land. And when those in authority find it necessary to call upon you to aid the society in all just things, make it your duty to respond.

Hoping our session may be marked by harmony, forbearance, and profit to us all, we will now proceed with the work as arranged for in our order of business.

Gas Asphyxiation: Its Pathology and Treatment.

By M. E. VAN METER, M. D.

Mr. President and Members of this Society.

In presenting this paper for your consideration, I feel that I am dealing with an unknown quantity, as it were, for but little is known, and less has been written upon this subject; and what has been written has been a mere mention, in a general way, that carbonic poison is a cause; but telling nothing of the special pathology nor symptoms.

The description of the treatment, as given by the authorities, who speak of it at all, is almost as meagre as is the pathological history. About all that they say upon the subject is this: "That asphyxiation is carbonic poisoning produced by the inhalation of some noxious gas:" and the treatment recommended, is to place the patient in open air; or possibly some of them go so far as to advise the use of oxygen.

Yet, while carbonic poisoning is the main factor, primarily,

in the danger to human life, there are several secondary conditions that add much to the immediate danger, and may result seriously long after all carbonic poisoning has been eliminated, and its immediate harm has been righted.

Now, it is a well known fact that asphyxiation, proper, is a lack of æration of the blood; and we get a similar condition, primarily, whether this lack of æration is caused by the inhalation of noxious gases alone, mixed with air—robbing it of a part of its oxygen—or by any mode of strangulation or suffocation.

But the secondary effects are vastly different. In all cases of carbonic poisoning resulting from ordinary strangulation or suffocation, such as smothering, choking etc., when not carried beyond the point of recovery, the patient begins immediately to recover and is out of danger after the cause is removed, or, in other words, when the carbonic acid gas is eliminated from the system, the patient is well. that is, there are no sequelæ: while in cases of asphyxiation from the inhalation of a noxious gas, especially of illuminating gas, we are never sure that the patient is out of danger till he is fully recovered.

As to the pathological effects of gas asphyxiation, it depends upon the two factors: of the quantity inhaled, and the length of the time of inhaling. In our experience, a small quantity inhaled, for a long time, is much more disastrous in its effects than a large quantity inhaled for a short time. In the former case the patient recovers much more slowly—often being many hours and even days before so much as even regaining consciousness—and secondary symptoms are more likely to develop and are of a much more serious nature.

Pathology—Now while carbonic poisoning, pure and simple is the prime pathological condition arising from a lack of æration, due to a restricted respiration; we have co-existing symptoms, such as injected cornea, livid lips, fullness of the veins, stasis of the capillary system and congestion of the lungs; all of which are transitory and soon

disappear upon the restoration of normal respiration. But in cases of carbonic poisoning, arising from the inhalation of illuminating gas, the results are quite different. Here we have co-existing symptoms and conditions that remain indefinitely, and may develop organic lesions, such as nephritis, meningitis, or pneuminitis.

Symptoms—In speaking of the symptoms, I shall do so under two heads as they are separate and distinct in many of their phenomena; though there are some symptoms that are common.

I will first speak of the symptoms in those cases where the patient has been exposed for but a short time to a large amount of gas, which I term "rapid asphyxiation;" and next will mention the phenomena to be observed in those cases where the patient has been exposed for a long time to a small amount of gas, which I will call "slow asphyxiation."

The symptoms that may be classed as common, are: stertorous breathing, flapping of the lips and dilation of the *alæ nasi*, blueness of the nails and coldness of the extremities.

In rapid asphyxiation, or when the patient is suddenly overwhelmed, the symptoms are all acute. In a case of this kind we will find the patient so cyanotic with face bloated and features so distorted that they are scarcely recognizable; there will be stertorous breathing, and perhaps more or less frothing at the mouth; and this froth is sometimes tinged with blood, that seems to not come as a hemorrhage, but more as an exudation from the pulmonary mucous lining, due to the great and rapid congestion. The eyes will be bloodshot and suffused; the lips will be swollen and livid, and in the extreme cases, almost black; the whole face is swollen and purple, and not unlike that of a sot at the end of a three week's spree; or that of a man who has been grasped by the throat and choked to insensibility. The hands and feet will be cold, with blueness of the nails; there is a general capillary congestion, evinced by finger marks where ever

the body is touched. There may be retention of urine, or both urine and fæces may be passed involuntarily: deglutition is difficult and often proves a barrier to medication on account of the strangling produced. Sensation and motion are much lessened or wholly lost; there may be a cold, clammy perspiration, followed by a hot, dry skin and rise of temperature as reaction takes place; and there is constantly a moaning or groaning. These symptoms all rapidly disappear when the blood is properly aerated, either naturally or aided by inhalations of oxygen.

In cases of slow asphyxiation, that is where the patient has been exposed for a long time to a small amount of gas, we have a very different set of symptoms; the most marked of which is: that instead of the bloated, purple face, we have natural or even shrunken features with a death-like pallor. The countenance is more placid, not showing the distress shown in the more acute form; the breathing is less stertorous, though bad enough; the eyes are less injected and less suffused.

It is in this class of cases that we are likely to have serious sequelæ. In twelve to twenty-four hours—a sufficient time for the more acute cases to be well, or at least well on the road to recovery—we will notice that the eyes still remain injected and we will do well to be on our guard for meningeal inflammation and tetanic convulsions—which are a frequent occurrence. It will also be well, at this time, to look after the condition of the kidneys and bladder. The urine may pass involuntarily, but will more likely be retained. It will be scanty, high colored and of a high specific gravity, often causing dysuria. There will also, likely be neuralgic pains in different parts of the body. A case recently treated suffered severely for three days and nights with double sciatica.

A temporary, general paralysis, more or less complete, may follow severe cases. This paralysis will generally pass away in from two days to two weeks. In other severe cases

the mind may be affected, more or less, for days and even weeks. This affection of the mind may take the form of idiocy, hilarity, a morbid fear of gas, or an irrestable desire to repeat the terrible ordeal, though not with a suicidal intent. One case the patient was afraid to sleep alone in a room where there were gas jets; while another did not want to be left alone, as he had such a strong impulse to turn on the gas that he was afraid he would do so. A very fastidious and genteel young man, who had always been quite dignified and was scrupulously neat about his dress and person, was slowly asphyxiated; being for fourteen hours in a small room, partially ventilated by a window being lowered one inch at the top, and with a small stream of gas escaping from one burner, partially turned on. His recovery was very slow, and he had not only one, but several of the symptoms, above enumerated. His mind was so affected that two weeks after he was able to be on the streets, he had not the least regard for his personal appearance. He would use foul and profane language before the ladies of the house; would intrude himself into the rooms of others with a swagger and a laugh or shout that was much more befitting a maudlin drunk, than of a genteel, young man; and at the table he was utterly oblivious to all sense of propriety, eating like a pig and dropping the food all over himself and the floor.

Treatment—While I might say much upon this branch of the subject, I do not know that I shall say anything new or that differs from the writings of others, if there be any, though I will say that all I have said and may say, is gleaned from my own observations and practical experience and I have not referred to a single authority while writing this paper, in fact I know of no authority who more than makes mention of the subject; hence I shall expect criticisms from those who have, perchance, seen some authority who differs with me.

In the acute form, that is, where the patient has been sud-

denly overwhelmed by a large amount of gas, if not long exposed to its influence, say from a few minutes to an hour, about the only treatment needed is to place the patient in the open air. If longer exposed it will, perhaps, be necessary to arouse the vital forces by shocks to the nervous system. This may be done by the use of inhalations of ammonia, or by the internal administration of alcoholic stimulants strongly impregnated with ammonia; or by the application of ice to the spine. In still more serious cases it may also be necessary to resort to the use of oxygen. This might well always be done when oxygen is at hand. Atropia administered hypodermically will do much to restore capillary circulation. I have also found that sharp blows over the chest, especially over the region of the heart, will excite respiration when it has almost ceased, and in this way we will be able to bridge over cases that otherwise would prove fatal; and in many of these cases we will need all of the bridges possible, to carry the patient safely over.

But it is in the cases of slow asphyxiation—cases that have been exposed for many hours to an atmosphere mixed with a smaller proportion of gas—that we get our most serious consequences, and that require our constant attention and best skill. In this class of cases the system becomes thoroughly saturated with the gas, which seems to produce a poisonous effect, other than that of carbonization of the blood; for in the sequelæ that follows, we will see many symptoms closely resembling those of septic poisoning.

Those cases show a much greater depression of the vital forces than do those of a more acute or rapid form; and we have to be constantly on the alert, else we will let the light of life flicker out just when we think we have saved it. One hour they will seemingly be doing well, with the pulse better and stronger, the respiration free and a more life-like look in the face; but leave them alone for an hour, or even a half hour, and we will find them almost pulseless,

with a return of the stertorous breathing and the cyanosis or death-like pallor.

In these cases we will have to resort to every means at our command to keep alive the spark of life. And to do this we must not cease our efforts to rouse up the vital forces. In our experience, this can best be done by the hypodermic injections of strychnia, the inhalation of ammonia, the internal administration of alcoholic stimulants and of trinitrin, the application of ice to the spine, temples and face, and the frequent use of oxygen.

In serious and prolonged cases, it may be necessary to resort to several or all of these methods, to pull the patient through.

To recapitulate—First: Place the patient in the open air, or, at least, in a room—and the larger the better—free of gas, and where a free current of air can be had, as the air in a small, close room will soon become very foul. Second: Use ammonia and alcoholic stimulants as necessity demands. Third: Give oxygen as long as there is a cyanotic or pallor hue. Fourth: Give hypodermic injections of atropia as long as there is capillary stasis. Fifth: Administer strychnia, hypodermatically, for a permanent stimulant; and trinitrin for a quick stimulant when the vital spark is about to go out; especially is this remedy called for when there is a look of pallor more than of cyanosis. Sixth: Give an ordinary sedative for a simple rise of the temperature, but if associated with a hot, dry skin, meningitis and tetanic spasms, give veratrum and gelseminum internally, and pack the head in ice. Seventh: Give hypodermics of morphia, when there are severe neuralgic pains. Eighth; Give some diuretic if the secretion of urine is limited. Ninth: Keep the water drawn and the bowels open.

Ocular Therapeutics.

BY F. CORNWALL, M. D. San Francisco, Cal.

Mr. President and Members of the Society.

It will not be my object in this paper to attempt to cover the whole field of the application of drugs or other agencies which have been used for the relief of affections of the eyes, but to pass in review *classes* of remedies and their manner of being prescribed by different schools of medicine and by different individuals, and finally to bring into prominence the remedies which may be called Eclectic.

From a general standpoint of observation it may be said that there have been great advances in the successful treatment of affections of the optic nerve and retina in the last twenty years. Prior to that period, works on ophthalmology, although giving the pathology quite as perfectly as to-day, gave little encouragement as to the possibilities of a cure or arrest of those diseases. It used to be quite the thing for the oculist to inform his patient at what time he would be blind, and thus establish his reputation as a diagnostician. Dr. Knapp told me once that his reputation as an oculist was not established by cures, but by his diagnoses and prognoses. Happily the time has passed when universal unfavorable prognoses of atrophy of the optic nerve will build a reputation for an oculist of which he should be proud!

Although electricity has done much to assist in the better treatment of the affections of the optic nerve, the greater good has come by the earlier recognition of them. There are early changes about the optic disc and retinal vessels which auger probably graver ones, and which of themselves are co-existent with the loss of twenty or thirty per cent of visual acuteness and retinal asthenopia, which renders the eyes more or less useless for following vocations that require the accurate use of the eyes. I am of the opinion that

modern, intelligent oculists observe these phenomena, although but little is said of them in the standard authorities. I refer here to what is called "peri-vascular lines." (On each side of the artery or vein as it emerges from the disc, and for a distance, may be twice the width of it, there are white, feathery lines regarding the pathology of which I am not prepared to advance an opinion at this time.) A portion of these cases would recover without treatment under favorable circumstances, but many, on the other hand, would lead to a greater or lesser degree of atrophy and consequent loss of sight.

Opticians, and probably some oculists, attribute the asthenopia to errors of refraction, and when in many months, the malady is greatly developed, much permanent harm is wrought. The treatment of this affection is absolute rest, strychnine, and galvanism. A child should be taken from school, a book-keeper from his desk, an engraver from his business, etc.. The strychnine may be prescribed in homœopathic tablets 3X—a tablet four times a day, and continued thus for many months; or in the form of tr. nux. vom. prescribing about as is usually done for indigestion. The large dose of strychnine is not indicated in these cases.

Tobacco Amaurosis. A work by Stellwag, written about twenty years ago, gives the opinion of the eminent oculists of his time that this affection was very rare, if it had an existence at all; now it is known to be one of the most common forms of optic nerve diseases. Many cases of slight degree of amblyopia (blunted sensibility of the retina) are now attributed to tobacco, and are ameliorated by its disuse, and cured by strychnia. It appears that our greater ability to cure amaurosis comes from our greater skill now-a-days in making early diagnoses. Strychnine is the great antidote to nicotine poisoning. When I see a man of sixty who has smoked his otherwise white mustache to a dirty yellow and who smells like the inner chambers of an old pipe, I know that his hand trembles, that his mental faculties are weakened, and that his courage for great undertakings has gone.

For him I would prescribe strychnine and electricity whether his eyes were affected or not.

True Atrophy. By the very early recognition of true atrophy the disease may often be arrested, but of course much depends upon the cause. The etiology of many cases of atrophy is enshrouded in mystery. When it has had its cause in effusions into the lymph space between the pial and dural sheaths of the nerve, literally strangulating it, not much can be hoped for; but in other cases where the cause exists or has existed in the nerve, or in the part of the brain from which it has its origin, and seems a mal nutrition, the patient is often made better and the disease arrested, and much more vision saved than unaided nature would have done. Here, too, strychnine and galvanism are the special remedies. Of course, general treatment should be adopted as is indicated in each case.

Phlyctenular Keratitis and Conjunctivitis. As all are aware this is an affection which occurs in scrofulous diatheses. There is almost always enlarged cervical glands, and in the more aggravated cases, protruding frontal region with the teeth characteristic of scrofula, with fissured corners of the mouth, and eczematous alæ nasi. etc., etc.. The chief characteristics of this herpetic disease are its persistence and tendency to recur, and intense photophobia.

In laying out a plan of treatment, the first characteristic to attract attention is the cause of the strumous state of the patient. All thoughtful, modern physicians know that this condition means simply low grade viability—that the elaborative powers of the organism are inferior, and that this feeble trophic force is a defect in the organism. It is an opinion of mine that in scrofula an important part of the disease lies in the fact that individuals thus affected are unable to be good assimilators of fats. The most of them have a disgust of fats, (aliporexix), and in this, their appetites are true guides to the capabilities of their organs of assimilation. This is why cod oil cures in these cases, because this is as-

simulated where other carbo-hydrates would not be.

The question arises—how are you going to increase the power to assimilate fats? This I will answer to the best of my ability, and leave the question open for others to consider. First, see that the environment of the patient is such as to give the vegetative processes their greatest liberty—I mean as to pure air, sunshine, etc., etc.. Then feed the patient all that can be assimilated of the best carbo-hydrate adaptable to his case. I would bring to bear the stimulus of electricity in the shape of general Faradizations—and have the most skillful application of massage practicable. Would I give medicine? Probably not. The hypophosphites and iodide of iron are usually given, but I have no doubt the patient would do as well without them. Now this is, comparatively speaking, a slow process of cure. It may take three months, or a year, to overcome the results of an organism starved for fats, and it is desirable, by the active treatment necessary, to relieve the recurrent herpes and the persistent photophobia before that time.

Homœopaths profess to do this, utilizing the symptomatology of this affection for a guide. I will admit there are plenty of symptoms to gratify the most ardent adherents of this faith. I have prescribed the remedies indicated by homœopathic laws in low potencies and high potencies, and have hired and otherwise induced well-trained homœopathic physicians to prescribe for me for these cases, but have never in one instance been able to trace any benefit to their administration. Having observed the meagerness of therapeutic agents employed by authorities of allopathic proclivities, when I first read works whose authors were of eminent position as oculists in the homœopathic class, I felt elated, and went about the work of investigation with great zeal and considerable confidence; but after three or four years experience, I gave up the prescription of all of the potencies. Homœopathy, however, has furnished me with many suggestions regarding the use of remedies, which I employ effec-

tively in variable doses—some very small, but none of them beyond comprehension.

In the recent very valuable publication of Prof. Webster, in Dr. Foltz's section he says: "Ipecac. is a specific for photophobia, the most aggravating symptom of phlyctenular keratitis." If this be so it will be a great boon to the profession. I have prescribed it in two cases, but have noted no effect yet; however the tests were not very fair ones. Of the action of our vegetable alternatives to cure herpes, I am not aware. Authors who write upon the uses of these remedial agents generalize too much. It is difficult to select the cases for the drug, and about the only method in vogue seems to group four or five of them together and give the mass for general results. If I had to make a comparison between the allopathic, homeopathic and eclectic therapeutics of herpes, dependent on struma, I should say that the first, allopathic, has nothing of value without it be iodide of iron and cod-oil which I must say are sometimes of efficacy. The second, homeopathic, presents a great many remedies—as many as there are symptoms—but very few of which have proved themselves of use. The third, eclectic, has a therapeutics not so extensive as the second and the uses not so well defined.

Uveitis, (Inflammation of the Iris, Ciliary-body and Choroid.) The iris is the part mostly affected, at least the part in which we most easily detect inflammatory phenomena. Of course by the ophthalmoscope we can observe inflammatory processes of the choroid if the media are transparent, but that is not likely to be the case in acute inflammation of this part. However it is not necessary to discriminate closely whether it be mostly iritis, cyclitis or choroiditis, inasmuch as the treatment will be much the same; hence, I have given the name by which the ocular therapist should be guided—*uveitis*.

As to the local treatment of this affection (and particularly this applies to iritis) one remedy stands far above all others,

viz.—atropine. This remedy antagonizes inflammatory processes in the whole uveal tract, and in addition prevents adhesions of the iris to the lens (posterior synechia.) The symptoms favoring the use of atropine are those usually by which iritis is characterized, viz: pain, sluggishness of the movements of the iris, tendency to contraction of pupil, cloudiness of aqueous humor, dullness of sight etc. The strength of the solution will be in accordance with what will be required to relieve these symptoms. It is best to select an average strength (4 to 6 grs. $\frac{3}{4}$ i aq.) and use it more or less frequently as is needed to dilate the pupil, or tear loose any existing synechial bands. If the pupil be kept entirely dilated for a length of time glaucoma may be induced, hence it is never best to carry its effects so far for a long period. If atropine produce, instead of relieve pain, this should be a sufficient guide against its further use. The application of hot packs is of great assistance to the action of atropine; in fact it does half as much, if properly applied as atropine, to overcome the inflammatory process. Cocaine may be used as an adjunct to atropine to relieve pain and to assist its action in dilating the pupil. There are times when atropine will fail to dilate the pupil or have this influence on the iris, when the addition of cocaine will bring about the desired effect very soon. If used continually it will enfeeble the trophic powers of the parts.

The constitutional treatment will depend upon the cause and condition of the part and the condition of the system of the individual. If it be syphilis the stage of the disease must be taken into consideration. In this kind of a case the disease is likely to be rapid in its development and of a plastic character, and synechiæ form very rapidly. Any remedy that will overcome plastic exudations rapidly is indicated. Mercury has the reputation of having this power, although there may be others just as good. The modes of its administration have been amply discussed so I do not wish to add anything at this time.

In serous iritis the whole uveal tract will be more or less involved. This affection will be characterized by its slow development and having had its cause in overworked eyes in those who have been overworked themselves, and whose systems are in poor condition from such cause. In this case the patient should be rendered very comfortable, and likely confined to bed in a room whose temperature must be regulated and kept up to seventy or thereabouts. Here gelsemium and rhus tox will likely be among the best remedies. More frequently the former will be of use, and if employed early in the disease, may be sufficient alone to keep it in control and cut it short. Five drop doses can be administered every two hours until the constitutional effects of the drug be noticed, and this will usually have controlled the pain entirely by this time. Phenacetine or antikamnia may be added to the treatment if indicated, although it is well to rely on the gelsemium if other indications will bear you out.

In rheumatic iritis you may select your best rheumatism treatment. The only guide we have is that the individual is subject to rheumatism. In the purulent form such remedies that have a tendency to antagonize this process should be employed. This will be left to the selection of the individual for the individual case.

Disturbances Owing to Errors of Refraction and Inharmonious Action of the Muscles of Mobility. Although there is much more to be said upon the therapeutics of other affections of the eye, space will not admit of further discussion in an essay of this kind, so I will close by a few remarks on the above subject.

The point to be impressed is, that there are many cases of cranial neuralgia, persistent migraine, chorea, epilepsy and a number of other symptoms attributed in times past to other causes, which are now known to be caused by hyperopia, astigmatism or to a muscular phorea. Not very long ago a case came into my hands that had been treated for

six months without relief by one of our most eminent neurologists. It was immediately helped by the use of atropine in the eye, and permanently cured by the employment of convex glasses for the high degree of latent hypermetropia existing. The symptom was a hard, pressing pain in the right parietal region, and it had given rise to the opinion of the specialist that the patient had some growth forming in the cranium. What I particularly wish to impress on the hearer is, that in most of the cases where these symptoms are the worst, the hyperopia is *latent*, and the fitting of glasses without the use of a mydriatic would be useless. The fittings by opticians and by oculists who do not use mydriatics are useless, inasmuch as the muscular spasm by which the person resists the use of what would otherwise fit him, is the cause of these reflex symptoms. I speak of this because opticians have been trying to educate our physicians to believe that they (opticians) can correct refraction errors as well or better than oculists. Opticians fit phorias (conditions in which the eyes in rest do not preserve their visual axes parallel) with prisms, whereas operations should have been performed by the surgeon. The prisms may give some relief, but they consign the patient to the wearing of cumbersome glasses, when the operation produces permanent and perfect cure and dispenses with the glasses. In fact the opticians are usurping the place of the physician without the possession of the knowledge, or any part of it, that he should have, and do not bear the responsibility before the law. Before doing the work they do they should be required to graduate from a school of medicine.

By the combined use of atropine and cocaine we can paralyze the spasm in half an hour so that a correct diagnosis can be made of the refraction. That persons under forty-five should be examined in this way if there be any question in relation to the correctness of the glasses they are to wear, is the rule by which I am guided in the light of later experiences, and I am confirmed in this practice by the fre-

quency with which I can relieve distresses by this method, where other oculists who do not make use of mydriatics have failed.

How to Avoid Post Partum Hemorrhage.

BY D. MACLEAN, M. D. San Francisco, Cal.

Mr. President and Members of the Society:

For a clear understanding of the subject of this paper, it is well to bear in mind that in the process of labor two important actions are involved, contraction and retraction. Contraction is rhythmical. The muscular fibres of the uterus alternately contracting and relaxing. Retraction on the other hand, is continuous and permanent, producing a shrinkage in the walls, in proportion to the decrease in size of the contents of the cavity. Were it not for retraction, the uterus would be unable to expel the foetus; descent could only take place to a limited extent. Contraction forces the contents in the direction of least resistance—towards the outlet of the parturient canal. When the object is forced the distance of the natural shortening of the muscular fibre in a contraction, expulsive force ceases. In other words, if the contractility of a muscular fibre is one inch, when it forces an object that distance it has no further power over it. Here comes in the process of retraction. During the period of relaxation, the fibres are re-arranged, the walls shrink and accommodate themselves to the size of the body within the uterus, and again contraction can force the expulsion of the object to the extent of the contractility of the muscular fibres. This process goes on from pain to pain. Contraction forcing descent, and retraction following up by shortening the fibres, and bringing the fulcrum closer to the object, so as to afford new vantage ground for further contractions.

If labor be too precipitate, there is always more danger of hemorrhage, for the reason that contraction is a rapid action, and retraction slow. If expulsive pains closely follow one another, sufficient time is not allowed for the fibres to rearrange and shorten. When the child is born under such circumstances, the uterus will be larger, the mouths of the blood vessels more open, and necessarily a greater flow of blood will follow, than if the labor had been slower. It is therefore good retraction and contraction that prevents excessive flow of blood.

To apply these principles to the third stage of labor, there should be at least an interval of ten or fifteen minutes after the delivery of the child, before the removal of the placenta. This allows time for the uterus to close down on the secundines so that when a contraction comes on, they will be more readily expelled and the possibility of hemorrhage prevented by Nature's own efforts.

For the delivery of the placenta, Crede's method is the most physiological and safest. With the fingers posterior and the thumb anterior, hold the uterus in the hollow of the hand, squeeze out the contents, and with the assistance of slight retraction on the cord, force the removal of the placenta. In this act, not only is the placenta removed, but all clots in the cavity, and blood in the tissues, as you would squeeze water from a sponge.

If the hand be removed too quickly the uterus is relaxed, it again fills up with blood, and clots form within its cavity. Now retraction cannot remove a clot. Retraction only accommodates itself to an object within the uterus. If clots be formed retraction is not perfect, the mouths of the vessels remain open, thrombus does not form, or if it does, the force of the current washes it away, and hemorrhage ensues.

To prevent this, the hand should squeeze the uterus for at least ten minutes after the delivery of the placenta, giving time for the rearrangement of the uterine muscular fibres

and complete retraction. If this course be pursued, we will avoid post partum hemorrhage, and have but little if any afterpains. The pressure of the hand should be supplemented by the hot water douche or sponging the parts with hot water, which favorably influences the pelvic circulation and affords still greater security. Then with a bandage applied which produces equal pressure the danger of post partum hemorrhage is reduced to a minimum.

Letter to the Society.

BY J. A. MILLER, M. D., Palmetto Park, Monterey, Cal.

Mr. President and Members of the Society.

Owing to an accident, that renders me a cripple, for the rest of my days, I am not able to tell you in person that I have not been an idle, nor disinterested spectator of your recent legislative contest to maintain your liberty, and secure your rights. I had a son in that body, who I think would be slow, by word or act, to jeopardize his father's liberty. I had long personal conversations with each of the representatives from this county, and received from them pledges to oppose all class medical legislation. So that while not with you at the Capitol in person, I was not idle. While your big mastiffs were taking off the nose and ears of the hydra-headed, medical monster, oppression, I at least was snapping at his tail and nipping his heels. In such efforts we are one, though I am ever an extremeist, while you are not.

But while our foes from without demand and should receive our constant attention, our foes *within* are infinitely more dangerous. As the vanguard of medical reform and progress, in my judgement, it stands us in hand to take a high moral stand. Men who steal, who commit murder, or who practice abortion, should find no place in our ranks, or favor in our association. While the pulpit is silent, and a venal press, by advertisements favors infanticide, and the

moral sentiment of the community is so low that a female will come to a physician's office and ask to have an abortion produced with the same air that she would ask to have a tooth extracted, it is certainly high time for somebody to breast the tide and sound the alarm.

Let it be distinctly understood that illegal practices and illegal practioners of either sex, and of whatever school, can find no favor or sympathy in this body. Let it go out to the world that the "Eclectic Medical Society of the State of California" does not only discountenance these practices, but will individually and collectively lend its aid and influence to bring those who perpetrate such pernicious crimes to justice. Do this, and we will not only be doing *right*, but that action will secure such a public recognition as will protect us from all adverse legislation, for all time to come. With the hope that in the future all offenders will meet swift and dire punishment at the hands of the law, I remain ever with you in spirit and best wishes.

Inflammation of the knee Joint.

BY W. B. CHURCH, M. D., Oakland.

Mr. President, and Members of the Society:

Joint diseases are most frequent in children, early infancy being excepted as almost exempt. The cause may be a traumatism or constitutional taint. Sayre at one time contended that all cases were the result of injury. The tendency at present is to regard tuberculosis as responsible for the great majority of joint affections. The knee has a great tendinous and ligamentous developement; it is the largest joint in the body, and when inflamed, the constitutional disturbance is very great. Pain is always a prominent symptom. There are numerous varieties of knee joint inflammations according to the cause. The most common of these is simple synovitis, a term which denotes inflammation independent of any

cachexia, more common in men than women. For some not clearly apparent reason, this disease exhibits a marked predilection for the knee joint. In synovitis the synovial fluid at first clear, becomes milky or opalescent, and in severe cases extravasations of blood render it of a bright red color. These changes are accompanied by hyperæmia, inflammation and thickening of surrounding tissues. These tissues will be infiltrated with serum and sometimes with cellular and fibrinous constituents of the blood. Mild cases subside during this stage of effusion either from treatment or the natural limitation of the disease, the cartilages not becoming affected. The ligaments, however, are in most cases thickened. As inflammation subsides, the engorgement disappears, and the excess of synovia is absorbed, some imperfect areolar tissue remains in the peri-articular structures, diminishing to some degree their flexibility and elasticity. If the synovial membrane has been greatly distended, it may never again regain its normal dimensions, and contain thereafter more than a natural amount of fluid.

In such cases, the joint remains permanently enlarged, is somewhat stiff and weak, liable to subsequent attacks of inflammation, and becomes subject to painful sensations which are influenced by every change in the weather.

Instead of this termination, a case of Arthritis may assume a chronic form, with free proliferation of endothelial cells beyond the capacity of the synovial fluid to dissolve, and in consequence, the synovia becomes more and more milky or turbid; eventually muco-purulent and purulent. Or an entirely different chronic form may result, in which the sodden structures undergo gelatiniform degeneration; there will be a doughy semi-elastic resistance on palpation, the cartilages are disintegrated, there is a disposition to terminate by formation of adhesions, immobility remains, and from contraction of muscles and tendons, there results more or less displacement and deformity.

When a case has reached this stage, it is useless to expect

a cure by rest, massage, counter irritation, etc.. It will be necessary to do arthrectomy, or if the bones are diseased, excision. Suppurative Synovitis is now known to be due to the entrance of specific germs within the joint cavity. It was formerly thought all wounds penetrating a joint were sure to be followed by destructive suppuration, especially if air entered through the opening. Our more exact knowledge of the nature and causes of pus formation enables us to open joints with impunity, and consequently in the treatment of all forms of inflammation in the structures, we are able to relieve tension by a free opening whenever excessive accumulation of fluid renders it necessary or desirable to do so.

There are other forms of joint disease which it will be impossible in the brief time at our disposal to consider with anything like thoroughness. Gout, rheumatism, scrofula, tuberculosis, and pyemia all have a tendency to affect the joints. Pyemia is most frequently responsible for knee joint affections. This form is often a sequela of septic disease occurring after child-birth and abortion, especially liable to appear in connection with Ovarian inflammation and salpingitis. Probably the arthritis commonly styled gonorrheal rheumatism, belongs to this variety, as does also the old white swellings occurring in connection with enteric fever, small-pox, dysentery, scarlet fever, and measles.

The differential diagnosis of knee-joint disease presents some difficult problems to the young physician and indeed some who are not young are too ready with the diagnosis of rheumatism for every swollen and painful joint. Hysterical affections of the joints are often most misleading, even experienced surgeons have opened joints of this kind to find no evidence of disease where they were expecting caries. These are cases too, for the greatest triumphs of Christian science, miracle mongers, holy relics, etc., etc.. The imitation of real tuberculous osteitis is quite clear; there will be lameness, tenderness, pain; the leg will be slightly flexed and often a degree of atrophy in the thigh and calf. There

will also be muscular spasms. To make the distinction is sometimes very difficult; other indications of hysteria will aid us, and a careful objective examination will disclose the fact that the tenderness is superficial, so that a light touch or raising a fold of skin causes more outcry than deep pressure; a very important distinction is observed also in the fact that pressing the articular surfaces of a hysterical joint together does not cause severe pain, and the disposition is to keep the limb fixed in an extended position, just the reverse of what is observed in inflammatory affections. This form is most common in Locomotor Ataxia and it is very probable that many cases of spinal irritation and Coccy Godinia are of the same nature.

There should be no difficulty in differentiating tubercular disease from acute synovitis on account of the history, pain, swelling, and the plain evidence of the great increase of synovia.

Still more easily may we exclude rheumatic inflammation. The sudden onset and acuteness of all the symptoms are very different from tuberculous disease. The diagnosis is not so easy in cases of chronic affections following gonorrheal or septic inflammations. Although easy in the acute stage, on account of severity of the symptoms, in the chronic condition there is more resemblance. There is restriction of motion in both and some induration; the induration is denser to touch in the gonorrheal and septic cases, and in these cases, too, the restricted motion is due to adhesions produced by inflammation, while in tuberculous disease it is caused by muscular spasm under anæsthesia, the latter disappears, the former is unaffected,

I have left myself little time to consider the treatment of these different forms of knee joint inflammation without encroaching too much on your time and patience. Very briefly therefore let us refer to a few salient points. The knee joint is best examined with the leg extended, as the patella is then moveable. In the normal condition, the patella,

although moveable, lies in contact with the femur; a slight excess of fluid is made apparent by floating the patella away from the femur, and when it is pushed down until it meets with resistance, there will be more or less bulging on either side. Sometimes the excessive synovia of acute synovitis becomes absorbed, but occasionally it keeps increasing and the joint becomes greatly enlarged. It is good treatment in such cases to evacuate the fluid, under aseptic conditions, and inject the cavity with iodine water, afterwards dressing with gauze and bandage.

In septic synovitis with purulent accumulation, an open incision made under antiseptic precautions is more satisfactory. These cases should be treated by free incision, washing out of the joint, and drainage in the same way as we would treat abscesses elsewhere.

Tubercular disease is usually an arthritis, that is, an inflammation of all the structures of the joint, cartilages, bone, ligament, and synovial membrane. The treatment of this form of inflammation consists in securing immobility of the joint, usually by applying plaster of Paris dressing, taking care to protect the prominences from pressure by properly placed pads of cotton, and either confining patient to bed with appliances to produce extention and counter extention or, if allowed to use crutches, thickening the sole on the well foot. If this does not produce improvement after some weeks or months trial, excision of the joint or arthrectomy will be required. These operations are followed, as a matter of course, by bony union and a stiff but useful limb results. Time will not permit any reference to cases of foreign bodies in the knee joint and other conditions allied to our subject; we realize that our subject takes us over too much ground and in consequence, we have been able to consider it only in a cursory and hurried way.

Burns and Scalds.

BY MADISON PEERY, M. D., Tehachapi, Cal..

Mr. President and Members of the Society:

In choosing the above as a subject for my paper, I do so, not with the object of attempting to throw new light on the subject, but for the purpose of showing in one case at least, that the old idea that recovery cannot take place after a burn of the third degree, is erroneous. I will briefly glance at the subject as it is generally understood, and will then relate the history of a most remarkable case, that in extent of injury and result is a rare exception to the rule.

By the term burns, we understand the morbid effects produced by the direct application of excessive dry heat. By the term scalds, we understand the morbid effects produced by the direct application of excessive moist heat. In the main, the results are in no way different, whether injury occur from the one or the other. The local effects of heat will vary of course with the degree of heat applied, the length of time the part is exposed, the mode in which the heat is applied, and the part acted upon. A comparatively slight degree of heat, if not too long applied, will cause vascular turgescence, redness, tingling pain and tenderness, which will soon subside. Desquamation of the epidermis may follow burns of this degree, but no permanent trace of the injury will be left. Burns of greater degree will be accompanied by severe burning pain, and great redness of surface, and with vesication, (effusion of serum beneath the cuticle;) in these cases, also, complete restoration of the part is usually effected without scar. Still higher degrees of heat or longer exposure, cause intense pain and is followed by immediate destruction or consecutive destructive inflammation of the true skin to a greater or less depth, which will be followed in turn by sloughing and suppuration, in which case permanent scarring and contraction of tissues to a greater or less extent is unavoidable. Violent heat and prolonged exposure

cause complete disintegration and cooking of the structures especially acted upon, and this is followed by destructive inflammation and sloughing of adjacent structures to a still greater depth and extent. Loss of parts and more or less deformity will necessarily result.

The separation of sloughs, and processes of repair after severe burns take place slowly, and as a rule, the patient suffers much more acutely and during a longer period than after other forms of injury involving equally extensive destruction of tissue.

The constitutional effects of burns and scalds are known to vary with the superficial extent and situation, rather than with the depth of the injury. An extensive burn or scald over the abdomen, affecting only the skin, is much more likely to prove fatal, than a deep burn of one of the extremities dipping down even to the bone, but of comparatively small area. It is stated by most authorities that, if more than half the surface of the body is affected, the sufferer rarely recovers.

When death follows the receipt of a burn or scald and is due to systemic shock, it may result immediately, after a period of two or three to forty-eight hours, or more. During this time the sufferer will remain in a state of collapse or complete prostration, with extreme, sub-normal temperature, coldness of breath, small or inperceptible pulse, dryness of tongue and mouth, rigors, delirium, and sometimes convulsions. In such cases post mortem examination will reveal only congestion of the viscera more especially of the brain. Some other cases of death would appear to be due to cardiac thrombosis. These are characterized by painfully labored breathing, tumultuous, irregular, feeble and frequent heart action and great precordial distress. In many cases of severe burns, the blood has been found, on examination, altered in appearance, the red corpuscles being separated and broken up into numerous small particles. Such destruction of corpuscles giving rise to severe symptoms or even causing death.

If the immediate effects of the injury resulting from a burn or scald be survived, the stage of reaction and inflammation sets in. The time for this will vary but is usually within the first forty-eight hours. The patient will revive and some degree of pyrexia will be manifest. The pulse will become quicker and more full, the temperature will increase, and the burned surface will begin to discharge offensive pus. There will be present thirst, dry, red tongue, anorexia, vomiting and constipation, often followed by diarrhoea, with blood in the evacuations. Inflammation of internal parts may occur, but the special signs and symptoms by which they are commonly recognized, are apt to be obscure. The pleuræ and lungs, the peritoneum and the gastro-intestinal mucous membrane, (particularly that of the duodenum,) are especially liable to be affected. Evidence of inflammation of one or more of these parts and not infrequently of ulcerations of the duodenum is afforded by post mortem examination of cases in which death has occurred after the period of shock had passed and the more severe symptoms belonging to the stage of reaction has persisted for several days. Capillary embolism, due to disintegrated blood in the vessels, no doubt, is an important factor in the etiology of the lesions of the internal organs. If after the receipt of a burn or scald the case progresses toward a favorable termination, about the end of the second week the sloughs will have separated, the acute febrile symptoms will have subsided, and granulation will have been established, but a latent form of inflammatory mischief may still be present in the internal organs and eventually end in death, or the sufferer may succumb to the continued suffering and exhaustion due to profuse discharge from the suppurating surface, or from a persistent diarrhoea accompanied, or not, by blood in the evacuations. The kidneys are sometimes affected and hæmaturia results. Pyemia, erysipelas, or tetanus sometimes occur and cause death; but there does not appear to be any special liability to these diseases.

In no other class of cases, has the physician a better opportunity to study the therapeutic value of drugs applied to painful and often dangerous wounds, and in no other class of cases can he better demonstrate to suffering humanity the practical value of remedies, when judiciously applied.

When called to a patient who has been either slightly or severely burned, the indications manifestly are, first, to relieve the agonizing torture; second, to assist nature in rallying the patient from the severe nervous shock sustained; and third, to put and keep him in the best possible condition to favor the healing of the wounds. There is a long list of useful remedies, some of which are always at hand, such as flour, meal, dry starch, fats, oils, eggs, glycerine, unsalted butter or cream, anything not acrid, that will make an impervious coating sufficient to protect the tender nerves of the excoriated surface from the air. The exhibition of a sufficient quantity of morphia to control pain should be resorted to as early as practicable. From $\frac{1}{4}$ to $\frac{1}{2}$ a grain may be given according as is necessary to accomplish the desired result, viz, the relief of pain. Carron oil, (equal parts of linseed oil and lime water,) is spoken highly of by many of our authorities of comparatively recent date, and no doubt serves as a good dressing, its one objectionable feature being the disagreeable odor. Carbonate of lead in linseed oil to the consistence of a thick cream is a good dressing, than which there is no better; but there is possible danger of lead poisoning from this dressing if the extent of surface to which it is applied be considerable. Sub-nitrate or sub-carbonate of bismuth in linseed oil are both excellent dressings; but they are too expensive to use where the burned surface is large, unless the patient's bank account is large in proportion. Oxide of zinc, in linseed oil makes a fairly good dressing, though it does not soothe and allay the intense smarting as does the lead and bismuth. Careful consideration must be given to the use of poisonous agents incorporated with unguents and applied to burned surfaces, as absorption of

the poison will take place in sufficient amount to produce its toxic effect. Morphia, when sprinkled over a denuded surface, acts as quickly as when given hypodermically and the quantity used, need not be greater. Whatever the application may be that is made to burns and scalds if they are of large surface, it should be spread upon strips of gauze or muslin not over two inches in width, and applied by beginning at one edge of the abraded surface and continuing one strip after another, allowing the edges were joined to overlap somewhat, until the entire wound is covered. Over this apply borated cotton and retain the whole with a roller bandage. The advantage of this method of applying dressings will be realized when removal of them becomes necessary; as the strips will come off readily in the reverse order to which they were applied, and breaking of the granulations that may have started and consequent hæmorrhage will be avoided.

Case of Extensive Burn and Recovery.—July 20, 1891, a Chinaman in the employ of the San Bernardino Borax Mining Company, was guiding a wagon loaded with the crude material from which borax is crystallized, along side of a crystallizing vat, when he was pitched bodily into the vat, by a lurch of the wagon caused by a wheel striking some obstruction. The vat was full of a boiling, saline fluid and some seven feet in depth. The poor fellow caught with his right hand, to a board which had been placed across the top of the vat to serve as a foot-bridge. His entire body, with the exception of this arm, and his head, was submerged. The fluid was so hot that where it splashed up on the face, vesication was produced. His fellow laborers hurried to his assistance and as the left arm was raised upward out of the boiling fluid, it was seized as was his right arm, and he was drawn from the vat. The integument of the left arm, was stripped from the elbow downward and remained in rolls around the wrist. His clothing was removed as quickly as possible and his injuries were dressed with whipped eggs

spread upon muslin and he was put to bed. I saw this case, seventy-two hours after the accident and found him rallying nicely from the shock, with very little pain, but slight fever cheerful and without any alarm as to the serious nature or the ultimate result of his injury. Remembering what Prof. Howe and other authors say as to the prognosis in cases where half the surface of the body is burned, I gave an unfavorable opinion regarding his chances for recovery; but proceeded to dress the extensive surface, from which large patches of epidermis had been rubbed off or had adhered to the clothing when removed. I worked diligently for four hours before I had the last strip of dressing applied and the entire area of burned surface covered. Where vesicles were unbroken I left them intact, being careful not to rupture them and allow the escape of serum.

The man recovered without an untoward symptom, notwithstanding fully three-fourths of the surface of his body was burned and in some of its parts through and beneath the true skin. Perhaps the atmospheric conditions were unusually favorable, or the man may have possessed vitality superior and greater in amount than others, or he may not have been born to burn. Be that as it may, I claim no credit for the, to me, astonishing result. I saw the case but once, and left him in charge of a Homeopathic student who attended him throughout the time of his disability, about two months, and to him, if not to his system of medicine, all honor is due, if therapeutics was a factor at all in the bringing about of the happy result.

Chronic Catarrh of the Middle Ear.

BY H. W. HUNSAKER, M. D. San Francisco, Cal.

Mr. President and Members of the Society:

Otitis media catarrhalis chronica is an affection of the tympanic cavity. Samuel Sexton describes it as being charac-

terized pathologically by gradual and progressive structural changes in the mucous membrane and adjacent connective tissue, these changes taking primarily the form of cellular proliferation, organization of new tissue, and hypertrophy, and secondarily the form of contraction of the new-formed tissue, and atrophy. Clinically it is a chronic, non-suppurative inflammation of the middle ear associated with progressive deafness, tinnitus, vertigo and characteristic objective changes in the lustre, color, tension and curvature of the membrana tympani. This definition covers a multitude of conditions and symptoms. Being a slow, progressive disease, it gives an observer an opportunity of meeting it in many different stages. There have been names given to many of these conditions, as though they were separate and distinct diseases, which we will not consider.

Acute catarrh of the middle ear may be a local affection, though not commonly so, but the chronic form is considered as an extension of a diseased condition of the mucous membrane which lines the cavities of the head. It has its origin in a portion of the membrane which is greatly exposed to sudden changes of temperature or certain irritants it gathers from the air, or there exists a catarrhal diathesis or weakness of the whole mucous tract (though the structural changes may be more active in some particular locality than elsewhere,) thereby producing pharyngitis, laryngitis, rhinitis or otitis. It is not uncommon to find many or all of these conditions existing at the same time, but rare to find one of these affections sufficiently pronounced to have the physician's attention called to it, without a noticeable change in the adjacent parts. Again, a great many catarrhal subjects are neuropathic. We will not venture an opinion as to whether the nervous disturbance produces the catarrh, or the catarrh produces the neurosthenia; however, we know that a correction of the former condition often alleviates the latter.

Etiology.—The etiological factors have been divided into

remote and exciting. Under the head of remote causes we will place everything that tends to produce an asthenic condition of the system, and in order to avoid occupying too much time with this subject will have to leave out one of the much contested points—heredity; without venturing an opinion either pro or con, for the same reason, will pass such predisposing causes as age, climatic conditions, occupation, food, clothing, mode of living, sewerage and the depleting effect of other diseases such as syphilis, scrofula, tuberculosis, rheumatism, Bright's disease etc., etc., as you are all more or less familiar with the important part they play in the etiology of other diseases. Many of the exciting causes bear such a close relation to the remote cause, it is difficult to distinguish where the one ceases and the other begins. We frequently meet with cases of chronic, catarrhal deafness which we know had their origin within the tympanic cavity—such as boilermakers' deafness—the cause being traumatic.

Dental caries and other kinds of oral irritation are frequent causes of chronic catarrh of the middle ear. Naso-pharyngeal hypertrophies, enlarged tonsils and adenoid vegetations produce this affection, either by pressure on the tympanal venous plexus or occlusion of the orifice of the Eustachian tubes. This may be brought about in the former case by hypermia, and in the latter case by low atmospheric pressure in the tympanum. Either of these cases may exist sufficiently to induce considerable derangement of hearing, without there being extensive structural change in the Eustachian tube or middle ear. Relief will be given by surgical interference in the above conditions, therefore proper treatment of these cases should not be delayed.

Otitis media catarrhalis chronica is not an uncommon affection, in reality it constitutes about one-fourth of all ear diseases with which the specialist meets.

A number of the symptoms of chronic catarrh of the middle ear are given in the definition of the term, but there are many others that spring up at different stages. The first

thing usually noticed is an impairment of auditory acuity and this may creep in so gradually that the patient will become partially deaf before he will realize he is the victim of middle ear disease. The progress may be so slow that he can have it nearly all his life and still be able to hear fairly well in old age; or on the other hand the advance may be so rapid that he will be unable to hear conversation at the age of twenty. Some hear their own voices exaggerated in force and they speak very low, while others scarcely hear their own voices at all and will speak as though the person addressed were a block away. Again, others imagine there is something in the external auditory canal; this is probably owing to the atmospheric pressure being greater from without than within. There is often an intense itching in the neighborhood of the tympanum. It is very common for those who have lost considerable of their hearing to pitch their voices very high and talk long and loud (when they can get an audience) and without inflections.

There may be a sense of fullness in the ears, and in many instances this is not exaggerated, as there may be an effusion of serum into the tympanic cavity; but the most disagreeable symptoms to the patient are tinnitus aurium and vertigo, especially the former, which is represented by the patient as a noise which never ceases for a moment, and of which they are conscious even while sleeping. They describe it as a whistling, blowing, roaring, or almost anything from the hum of a bee to the roar of a cataract. Many of the patients are unable to sleep until exhausted, and there are those who lose their reason or commit suicide.

The prognosis should always be guarded. In old age we presume that the disease has been in progress for years and that irreparable damage has been done, for during the hypertrophic period there is an engorgement of blood in intercellular tissue which throws out new cells of the round variety, and these afterwards form connective tissue changes which are permanent, except where we employ the operation


for a radical cure, of which we will speak latter on.


In cases where the inflammation has extended to the labyrinth, which is said to take place through the fenestra ovalis, (as calcareous deposits have been found within the labyrinth as well as in the tympanic cavity) the prognosis is always unfavorable. There are some cases of occlusion of the Eustachian tube which produces rarefied air in the tympanic cavity and consequently retraction of the drum head. (with, possibly, adhesions of that organ to the wall of the cavity,) and at the same time makes pressure on the chain of ossicles and produces tinnitus aurium. Relief may come by Politzer's method of inflation, and proper treatment to reduce the inflammatory condition; but if the adhesions are very strong or ankylosis of the ossicles have taken place, "it will be of but little avail."

In those who have an active reparative power, as in the young, and in whom we can find, and easily relieve, the exciting cause, the prognosis is much more favorable. However we should look well into their mode of living, food, habits, clothing, etc., endeavoring to guard against everything which is liable to affect unfavorably general health. The buccal cavity should be examined to see if there are any offending teeth, the nasal cavity for hypertrophy, polypi, ulceration or in fact any pathological condition; and whether it be enlarged tonsils, hypertrophied pharyngeal tonsils (which latter press directly upon the Eustachian eminences) they should be removed by extraction, excision, or by the destructive action of galvano-cautery. The ear can be medicated with vapors of iodine, chloroform and alcohol; or unvaporized chloroform forced into the cavity with condensed air of about twenty pounds pressure to the square inch, which at the same time dilates the Eustachian tube and moves the membrani tympani and ossicles thereby preventing adhesions and ankylosis. But care must be had not to use too much force as we may thereby produce what we are endeavoring to prevent. Electricity, syringing, etc., have proved of no

value and sometimes do positive harm.

When all of the above procedures have failed to prevent the onward progress of the disease there is still one thing left to do, and that is to remove the membrani tympani and ossicles, and subsequently to prevent the formation of a new membrane. This not only relieves the vertigo, but usually either relieves or lessens the tinnitus, and raises the hearing sometimes twenty per cent. The writer performed this operation on a patient a short time ago, who had been unable to follow his vocation for a year or more, and he is now doing all kinds of hard work and has improved very much in his general health.

 The job printing department of the JOURNAL is prepared to turn out books, pamphlets, office stationery, etc. in good shape, quick time, and at fair prices. Try us.

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THE CALIFORNIA MEDICAL JOURNAL.

The Board of Examiners of the Eclectic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary, 412½ Post Street, San Francisco.

Miscellaneous.

Theory and Practice.

BY LA FEMME.

“Just a word to those good doctors,
Who are meditating deep,
On a paper they're preparing,
Full of thoughts too good to keep—
Boil it down.

“Tis not words, but facts we're wanting;
Therefore prune and pare with pains
Your scholastic evolution
Till an essence pure remains—
Boil it down.

“Welcome every fresh advancement
Hail, each new discovered fact,
But in writing a description
That attention will attract—
Boil it down.”

The poem given above appeared in a recent issue of the *Journal of American Medical Association*. Although it is put in terse language it is none the less appropriate. Doctors are, or should be, a busy people, and few have time to read

all the long, labored articles which so often appear in the Journals. In fact

“This is an age of telegraphic speed,
Who writes too long will find no one to read.”

Yet the physician must be acquainted with every new theory and be posted on the latest and best methods of practice, and in order to do this an interchange of thought is absolutely necessary. To meet this want a department of “Theory and Practice” has been added to our JOURNAL in which there will be opportunity for all to give notes and items of interest on any subject—a hint on surgery, a select formula, or a new scientific discovery will all be in place. We cordially invite you to dispense your gems of experience. If you have learned something good give others the benefit. Boil it down till simply the essence remains and send it to

LA FEMME,
CAL. MED. JOURNAL OFFICE,
1422 Folsom St.,
San Francisco.

* *

THE BEST ANTIDOTE for Carbolic acid, perhaps, is Sodium Sulphite, a remedy which most Eclectic physicians will have in their cases. This is to be followed with soapsuds and oil. The reaction which occurs in the stomach forms Sulphocarbonate of Soda.

* *

THE FOLLOWING is given by Prof. Fearn as an excellent way of administering pepsin in digestive disorders.

R	Lime juice and pepsin,	-	-	-	℥iss
	Elx. Rham. Purshiana,	-	-	-	℥ii
	Spec. Nux Vomica,	-	-	-	gtt xx
	Aqua Mentha Piperita qs ad,	-	-	-	℥vi

M

Sig. ℥ii after meals.

SULPHO-CARBOLATE OF SODA is a good antiseptic and may be used in typhoid conditions and malignant disease where a powerful antiseptic is required. The pink Sulpho-carbolate of Soda should be obtained and may be given in 3 to 5 gr. doses.

* *

IN ANÆSTHIZATION, remedies for resuscitation are often conspicuous by their absence. These should be provided and in readiness before the administration is attempted. Hot water is one of the best and most rapid heart stimulants we have. A towel dipped in hot water and applied to the præcordium will often be effectual even before effects could be obtained from a hypodermatic injection.

* *

CHLOROFORM is recommended in a N. Y. Journal as one of the best remedies for the controlling of external hemorrhage, whether arterial, venous or capillary. It may be applied with lint or cotton to the bleeding surface and promptly stays the blood, acts as a direct stimulant to the patient, and leaves no blood crust to fall off thus avoiding the danger of a recurrence.

* *

WE GIVE BELOW the treatment of a case of hyperpyrexia in pneumonia by Dr. Daily as reported in a prominent old-school journal.

He gives his treatment as follows: "My main object was to reduce that high temperature, for which I ordered Antifebrin in eight-grain doses, combined with Dover's powder and quinine, every two hours till temperature fell."

Then Carbonate of Ammonia in ten-grain doses every two hours; and, later on, Alcoholic stimulants. Counter-irritation by means of fly-blisters. He succeeded in reducing the temperature, but was compelled to continue using antipyretic drugs *to keep it down*.

The second day he used Phenacetin and Quinine, a Saline cathartic, and Alcoholic stimulants, freely. He held to this line of treatment till death closed the scene on the ninth day. And he says that the case rather puzzles him."

The case is rather puzzling. Can someone suggest an additional remedy?

* * *

CREDIT IS DUE Prof. Hamilton for the following formula to be used in Pruritis Vulvæ

R	Salicylic acid	-	-	-	-	gr. xxx.
	Chloride of Zinc	-	-	-	-	gr. xx.
	Ichtheol	-	-	-	-	gr. xx.
	Vaseline	-	-	-	-	ʒi.

M

Sig. Apply locally.

* * *

DR. CROCC of Brussels has employed successfully hypodermic injections of Phosphate of Soda in trigeminal neuralgia. The following is the formula.


Sodium Phos.	-	-	-	-	2 grams.
Aqua Dist.	-	-	-	-	100 grams.

Inject hypodermically.

The author states that this is as sure as any other therapeutic agent, and is much more safe than antipyrin, morphia, etc.

* * *

CHLORAL HYDRATE and Camphor, equal parts, triturated to a liquid and painted on the surface will relieve external pain.

 The job printing department of the JOURNAL is prepared to turn out books, pamphlets, office stationery, etc. in good shape, quick time, and at fair prices. Try us.

What is a Proteid?

BY DR. H. E. PASTOR, San Francisco, Cal.

The term "proteid" (from the Greek *protos* first), is applied to one of the three general classes of chemical substances entering into the composition of the animal body, the other two classes being carbohydrates and fats. Proteids constituents are contained in vegetable tissues, also, of which gluten is the representative type. Our present understanding of proteid substances is too imperfect to warrant the assignment to them of any exact formula, though an approximate estimate of their chemical composition has been arrived at, as follows:

Carbon	-	-	-	-	-	-	53 parts.
Oxygen	-	-	-	-	-	-	22 "
Nitrogen	-	-	-	-	-	-	16 "
Hydrogen	-	-	-	-	-	-	7 "
Sulphur	-	-	-	-	-	-	2—"
							100—

In addition to these constituents, proteids, on being burnt, leave an ashy residue of a variable quantity of sodium and potassium salts; hydrochloric, sulphuric, phosphoric, and carbonic acids; with traces of calcium, magnesium, iron and silica. While containing but about one-sixth of their weight of nitrogen, proteids are regarded as pre-eminently the nitrogenous substances of the body.

The peculiar property imparted to the organic constituents of the body by nitrogen, which renders a classification of substances on its presence or absence important, is *instability*, and a consequent tendency to decomposition by putrefaction.

Some varieties of proteids are soluble, others insoluble, in water, and nearly all are insoluble in alcohol and ether, while all forms are soluble in strong acids and alkalies—these differ-

ences in solubility forming the basis of division of the various varieties.

Proteids all give certain reactions, and their presence may be determined by the following tests:

1 *Xanthoproteic test*.—Boiled with nitric acid they give a yellow color, which deepens into orange upon the addition of ammonia.

2. Boiled with a mixture of mercuric and mercurous nitrates, known as Millon's reagent, they give a pink color.

Proteids respond distinctively to several other tests, but the above are sufficient to illustrate the methods employed in determining their presence.

The type of substances of the proteid class is the albumen of the "white" of egg. Other of the more familiar examples are the serum of blood, the myosin in the muscular tissue, the caseine in milk, the fibrin element which causes the clotting of blood, and the vitellin, which exists in the yolk of egg.

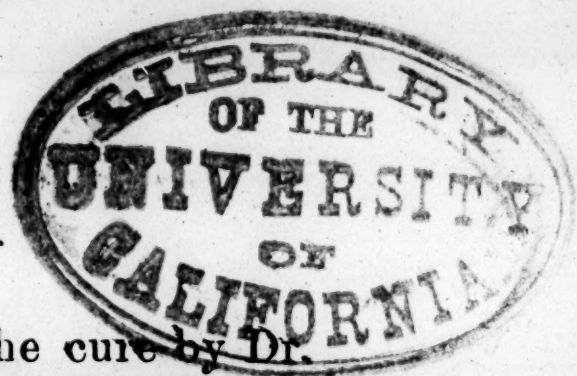
The term "proteids" is sometimes used as synonymous with albuminoids, and some writers go so far as to speak of protoplasm as pure proteid matter, though with questionable propriety, as on chemical analysis, protoplasm yields representatives of carbohydrates and fats as well as of proteids.

Perhaps the above is not a very lucid answer to the question propounded as the caption of this brief screed, but it may serve to impress some of the characteristic features of a not well understood class of substances on the mind of the reader. If, however, he should still find himself possessed of a cloudy conception of the distinctive character and inner nature of these interesting substances, let him console himself by the reflection that he has plenty of company. No two physiologists — "distinguished authorities" as well as those who do not pose as such — whom the writer hereof has consulted are in agreement on this subject. Some, as stated, regard proteids and albuminoids as synonymous terms, others would make a "great distinction"; some give egg-

albumin the front rank among proteids, others exclude it altogether; so of peptones, gelatine, and other kindred bodies. As proteine, the "basis" of proteids, is merely a hypothetical compound any way, it would perhaps be well to clear up the chemico-physiological atmosphere by relegating the word "proteid" to the limbo of useless things, and designate the entire class as albuminoids. A distinction without a well-defined difference is always confusing.

A Local Anaesthetic.

BY F. CORNWALL, M. D., San Francisco, Cal.



Many of the JOURNAL readers are aware of the cure by Dr. Hunsaker of Dr. Harding of the cocaine habit which he had unfortunately acquired by experimenting on himself to perfect a local anæsthetic. The doctor is undoubtedly cured, and has gone to work. I have recently employed his anæsthetic in three cases of abscision of the tonsils, and the results were so gratifying to me that I wish to give them to the readers of the JOURNAL. The effects by comparison were as much superior to cocaine as cocaine is superior to nothing. There was no sensation that anything was being done, and very little hemorrhage, not to exceed a teaspoonful of blood was shed in either case. I saw it used in one case of rectal operation, and am lead to the belief that in such cases it will take the place of chloroform in almost every instance. It is adapted to all minor operations on the surface of the body, even to the lancing of an abscess. Dr. Harding can furnish any one with a quantity with perfect directions for use and perservation. His address is 227 Geary St., San Francisco.

Normal Nutriment.

In future, Hygiene or the Art Preventative, will recieve comparatively more attention than therapeutics or the Art

Curative. The great question is to be, How can I live so as to keep well?

As life is sustained by what we eat and drink, it is not hard to believe that the degree of life, or the vigor that we possess, will largely depend upon what we put into our stomachs. Hence new kinds of food and new methods of preparing our nourishment should be diligently sought for, until it has been scientifically demonstrated first how to best nourish our bodies. This work must be done by those who supply food for the people, rather than by the profession. We can only second their endeavors, and this we should always be ready to do.

We are glad to notice that the Yolo Mills of San Francisco have brought out a new food for infants and those of feeble digestion, which is meeting with favor. It has been tried by Professor Van Meter, who speaks of it as follows:

"I have been using "Normal Nutriment," as an infant food and find it especially adapted to those cases, inclined to constipation. For weak stomachs and dyspeptics in adults, it is a food par excellence.

M. E. Van Meter,
Surgeon Sheltering Arms Hospital.

Eclectic Mutual Aid Association.

We gladly give place to the following letter to our esteemed collaborator, Dr. Hasbrouck, publisher of the Eclectic Health Journal of Salt Lake City. We trust that both the Journal and the Society may flourish, live long in the land and do good.

Newark, New Jersey, Nov. 27, 1893.

To Richard A. Hasbrouck, M. D.,

Your publication, the *Eclectic Medical Journal*, now published at Salt Lake City in the territory of Utah, has

been designated by Dr. S. B. Munn, President of the Mutual Aid Association as its organ and representative to promote the aims and extend the operations of the said Society.

Yours Truly,

(Signed)

Alexander Wilder, M. D., Sec'y.

Care of Specific Medicines.

The following letter from Messrs Lloyd Bros has been kindly handed us for publication. It will be of interest to Eclectics.

December 21, 1893.


Dr. Walter H. Fearn,
San Francisco, Cal.,
Dear Sir:—

In reply to your communication, we will say that such substances as contain chlorophyl should not in our opinion, be exposed to the light. This includes Pulsatilla and Rhus Toxicodendron of our Specific list. We believe it very much better with Specific Medicines to keep them all in the carton in which they are first placed, as light certainly influences changes in many plants products of the high development of Specific Medicines. This is especially true of strong daylight or sunlight and under no circumstances should our Specific Medicines, any of them of plant origin be exposed at any time to the direct rays of the sun. We thank you for your communication and trust that the answer may serve your interests. We will try and give the matter a broader distribution as it is probable other physicians are as you are, desirous of information in this direction.

With our best regards, we remain,

Yours truly,

Lloyd Bros.

 Please mention this JOURNAL when writing to our Advertisers.

Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary.

Any advertised location in this JOURNAL that has been filled, please notify the secretary, that its publication may be withdrawn.

The following locations have been sent in for publication:

WALNUT CREEK—No Eclectic in the place. Population of town 400. Large surrounding country. One physician in the place; intemperate. Dr. J. W. Huckins of Danville, will do all he can too assist the new-comer.

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

WANTED—By a middle aged, married Physician and Surgeon a partnership in a well established practice, or would buy the whole. Must bear investigation. Address, with full particulars and lowest terms, "SURGEON," care of California Medical Journal Office, San Francisco.

Also two good locations in the country for active workers.

All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly.

J. C. FARMER, M. D., Sec'y.
921 Larkin St.
San Francisco.

THE ❖ CALIFORNIA * MEDICAL * JOURNAL. ❖

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D. MACLEAN, M. D., M. E. VAN METER, M. D., C. N. MILLER, M. D.,
EDITORS.

Terms: \$1.50 per annum, In Advance.

The Editors disclaim any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible, Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the CALIFORNIA MEDICAL JOURNAL, 1422 Folsom Street, San Francisco, California.

Editorial.

Our Journal.

As will be noticed by our patrons, we have with this number somewhat changed, and we think improved, the appearance and make up of our Journal. We have also departed from the usual in the reading matter, and have filled our space largely with papers read at the recent meeting of our State Society. As the Society did not feel able this year to publish its transactions, we have done what we could to give our friends who could not attend, the benefit of the work there accomplished.

Many other good papers were left with the Secretary, but

we found it impossible to publish all; it would be like trying to put a mountain into a thimble. We trust that next year all the papers will be prepared with special reference to publication, and that the Society will have a volume of its own.

Meanwhile, we think our January issue, in its new dress and with its useful and entertaining contents, can almost claim the dignity of a holiday number. Not what we expect to have next year, but a very good "send off" for 1894; a number that shows progress, and with which, from that fact if for no other, we hope our friends will be well pleased and encouraged.

Now for the future. The past can cover its own failures, and immortalize its own successes. Eclectics have no business there. The future is our field for cultivation, progress is the plow; grasp the handles and there will be quite enough to occupy the attention ever at the front, there will be no opportunity for looking backward.

The CALIFORNIA MEDICAL JOURNAL must continue to improve until no physician on our coast, of whatever school, can afford to be without it. That, in plain English, is what Eclectics must accomplish. Then and not until then, will there be time for breathing. To attain this goal, the managers of the JOURNAL expect to sacrifice time, money and their very best brain work. Friends, may we ask you to follow us? M.


Retrospective.

Another year has come and gone; and when we review our work of the past twelve months, we do so with a feeling of considerable pride. We use the word *we*, in the plural,

for there are a number who have stood with their shoulders to the wheel. The past year has been one of positive, progressive and united work. Work that has been crowned with success. Our College work has been of much gratification to the Faculty, and satisfaction to the students. The teachers have been united and harmonious in their methods of instruction and in their efforts to raise the standard of the classes; while the students were punctual in attendance and diligent in study.

Our JOURNAL is growing in size and in interesting reading matter. It has done, and will do much for the upbuilding of our cause on this coast.

Eclecticism has made great and lasting progress in the favors of the public, and stands on better footing than ever before, on the Pacific Coast. The future is bright for continued progress and prosperity. But while we feel that we have just grounds to be proud of our work for the past year, we dare not halt. "Eternal vigilance" must be our "watch-word," and unceasing toil the foundation upon which we must build in the future. May the year of '94 find us even more earnest and diligent in promulgating the principles of progression and liberality---Eclecticism. v.

 The job printing department of the JOURNAL is prepared to turn out books, pamphlets, office stationery, etc. in good shape, quick time, and at fair prices. Try us.

BOOK NOTES.

PRACTICAL HYGIENE. By C. Gilman Currier, M. D., Visiting Physician to the New York City Hospitals; Fellow of the New York Academy of Medicine; Member of the New York Pathological Society; Member of the American Medical Association, etc., etc. Price \$2.75. E. B. Treat, Publisher.

Preventive Medicine is the Medicine of the future. How to prevent disease is of more importance than how to treat it after it is established. This volume contains the latest ideas on Sanitation, and should be in the library of every physician who desires to keep pace with the latest and most scientific and progressive ideas of the day.

ANNOUNCEMENT. E. B. Treat, Publisher, New York, has in press for early publication the 1894 INTERNATIONAL MEDICAL ANNUAL, being the twelfth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty-one distinguished Specialists, selected from the most eminent Physicians and Surgeons in America, England, and the Continent. It will contain complete reports of the progress of Medical Science in all parts of the world, together with a large number of original articles and reviews on subjects with which the author's names are especially associated. In short, the design of the book is, while not neglecting the Specialist, to bring the General Practitioner into direct communication with those who are advancing the Science of Medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not indispensable investment for the Medical practitioner. While the book will be so much improved over previous issues, the price will remain the same as heretofore, \$2. 75.

MISSOURI STATE MEDICAL DIRECTORY: Containing a carefully revised list of Physicians, Dentists and Druggists, together with the Colleges, Hospitals, Societies and Medical Journals of the State, arranged by counties for convenience of Society Secretaries. Pocket size, 120 pp., cloth, gold embossing. Published by the Medical Fortnightly, 1006 Olive Street, St. Louis. Price, \$3.00, post-paid.

Wide awake physicians, who like to keep up with the times, and keep posted on Medical Law and the general progress of the profession in neighboring States, will find this a valuable work.

NEW TRUTHS IN OPHTHALMOLOGY As Developed by C. G. Savage, M. D., Professor of Ophthalmology in the University of Nashville and Vanderbilt University. Thirty-two Illustrations Published by the Author. Nashville, Tenn.

This is a work of 152 pages and has for part its contents the following:

Chap. I—The Harmonious Symmetric Action of the Oblique Muscles in all cases of Oblique Astigmatism.

Chap. II—Insufficiencies of the Oblique Muscles and How to Correct Them.

Chap. III—Relationship between the Centers of Accommodation and Convergence.

Chap. IV—Rythmic Exercise the Proper Method of Developing the Ocular Muscles.

Chap. V—The Law of Projection and the Artificial and Natural Causes That Modify It.

Few large works contain as much original matter as this small one and we must say that it is an interesting and instructive little book.

THE IDEAL PHYSICIAN'S VISITING LIST: Lindsay and Blakiston's 1894.

The fact that the Visiting List has been published annually for forty years is sufficient guarantee of its excellence and popularity. The present issue is fully up to the old familiar standard. It is full of practical notes and suggestions, besides the usual arrangement for entering visits, consultations, etc. P. Blakiston, Son & Co., Walnut Street, Philadelphia.

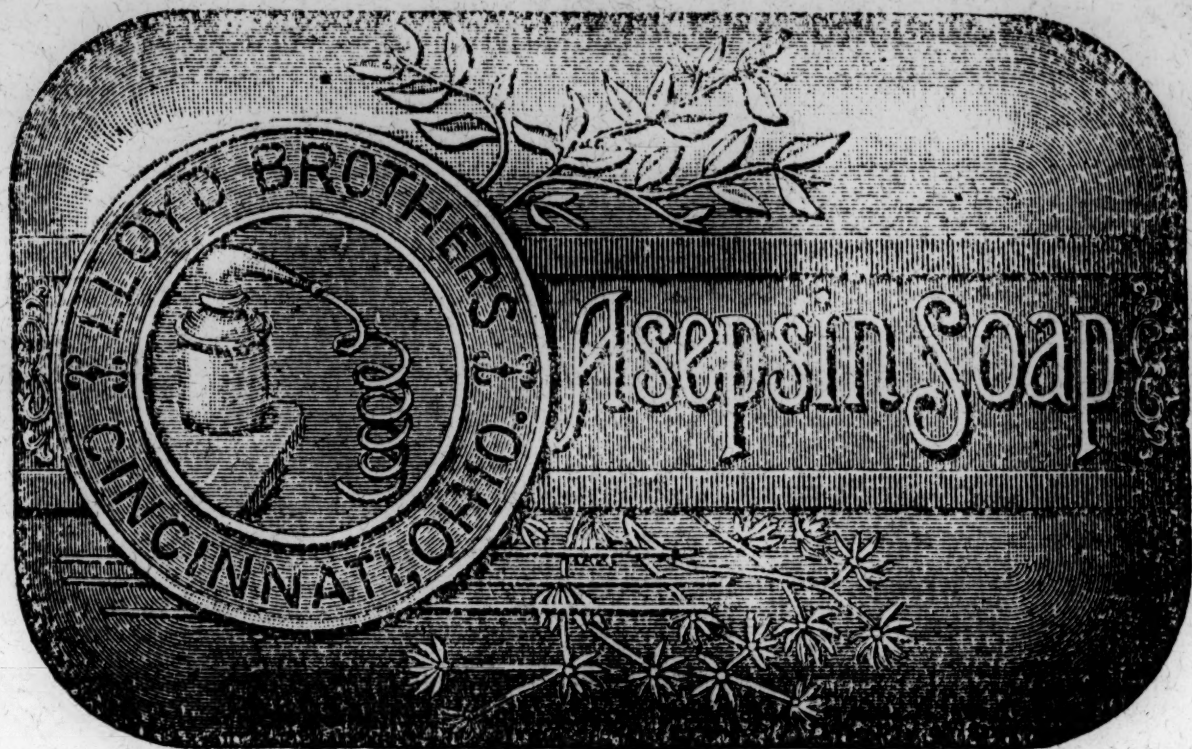
ESSENTIALS OF HOMOEOPATHIC MATERIA MEDICA:

A Quiz compend upon the principles of Homœopathy, Homœopathic Pharmacy, and Homœopathic Materia Medica, arranged and compiled especially for the use of students of medicine. By W. A. Dewey, M. D., late Professor of Materia Medica, Hahnemann Hospital College of San Francisco.

As stated by the Editor, this little work is prepared especially for students in Homœopathic medical colleges. The aim in its preparation has been to condense and give nothing but the essentials, *facts*, that every medical student should at the time of his graduation, and every practitioner all the time, have at his tongue's end.

Boericke and Tafel, Publishers, Philadelphia.

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, millium, blotches, excessive greasiness of skin for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosace, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhin poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my sufferer was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

LLOYD BROTHERS,
CINCINNATI, OHIO.



YOUR PATIENT'S PALATE

is entitled to a certain amount of consideration. The therapeutic properties of your remedies do not always retain your patient if the mixtures which you prescribe are not palatable. **Elixir Lactopeptine** is one of the best vehicles you can employ for the exhibition of unpleasant medicines. It has a pleasant, aromatic, "bitter-sweet" taste and is a rich claret color in appearance. Mixtures compounded with this Elixir as a base will please the fastidious palate and the cultured eye, both of which are properties not to be despised in the art of prescribing in these days of active competition.

Try it, and you will be glad you read this advertisement.

The N. Y. Pharmacal Association.

Send 2 cts. postage for "LACTOPEPTINE
CALENDER" for 1894, just out.

Yonkers, N. Y.